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ABSTRACT

This article focuses on how parents and institutions can create a positive climate for children's emotional health. An increasing number of mental health professionals believe that parents and adults can dramatically reduce the amount of depression and suicide among children and teenagers by modeling and promoting "learned optimism." Values also play a vital role in the building of a child's emotional health-- a role often overlooked. In this article, the author describes: how to recognize depressive behavior in teenage children; how a family can be at risk and how to model non-depressive thinking; how to, in effect, inoculate children against depression; recognize the role of integrity in emotional health; and focusing on a child's inner dignity rather than "success." (GCP)

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Innoculating Against Depression

by

Richard Louv, Senior Editor

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Innoculating Against Depression

by Richard Louv

Senior Editor

Can parents and institutions effectively "inoculate" children against depression? Certainly, they can create a climate for non-depressive thinking. Doing so not only helps prevent teen suicides and emotional problems among younger children, but also sets the stage for later success in life.

Daniel Goleman, a Harvard psychology PhD and author of the best-selling book, Emotional Intelligence: Why It Can Matter More Than IQ (Bantam), argues that empathy and other qualities of the hearts make it more likely that a marriage or career will thrive. Educators increasingly associate learning capacity with good emotional health. Schools can play a role in creating such a climate (the often criticized self-esteem movement is one attempt to do this), but the bulk of the role still falls to parents and community.

How do we create a positive climate for emotional health? An increasing number of mental health professionals believe that parents and other adults can dramatically reduce the amount of depression and suicide among children and teen-agers by modeling and promoting "learned optimism." Values also play a vital role in the building of a child's emotional health—a role often overlooked.In the following articles, KidsCampaigns Senior Editor Richard Louv describes:

- how we can recognize depressive behavior in our teen-age children;
- how a family can be at risk, and how we can model non-depressive thinking;
- how we can, in effect, inoculate children against depression;
- recognizing the role of integrity in emotional health;

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- focusing on a child's inner dignity rather than "success."

Recognizing the signs of depression

Emotionally, the teen years are a roller coaster, sometimes a dangerously fast one. Gerald D. Oster, a clinical associate professor of psychiatry at the University of Maryland Medical School, tells this story:

> "Leeta sat slumped in her chair. Disheveled and distracted, she answered the questions in a vague and unfocused manner. Only 13, this was her second extended psychiatric hospitalization." She had first been admitted to the hospital after she slit her wrists; this time, she had become despondent, irritable, and out of control at home. Oster recalls: "The night before our interview, she had slammed her hand against the wall in an outburst of anger and frustration, saying, `I can't stand it anymore!'"

Such catastrophic thinking is typical of teens with severe depression, experienced by nearly 10 percent of all teen-agers, according to Oster. But many experience depressed moods. So, how can you tell if your teen-ager is experiencing natural ups and downs or is suffering from a depressive disorder?

"The answer isn't easy," says Oster, who has written a thorough and easy-to-digest book called: "Helping Your Depressed Teenager: A Guide for Parents and Caregivers" (John Wiley & Sons Inc.). The onset of depression can be gradual or sudden, and it can be associated with other disorders such as hyperactivity and substance abuse. But here's a rough guide:

Teens who experience at least four of the following symptoms on a daily basis for more than two weeks (or whose functioning has become severely impaired by these symptoms) could be suffering from a depressive disorder:

- Sad, empty, or anxious mood;
- Excessive feelings of guilt and worthlessness;
- Feelings of helplessness, hopelessness and pessimism;
- Loss of interest in ordinary activities;

- Eating and sleeping problems;
- Tiredness and decreased energy;
- Increased restlessness and irritability;
- Trouble with concentration and remembering things;
- Thoughts of death and suicide.

Most of these markers may seem vague, but Oster says the key observable feature is a marked change in previous activity levels and interests, a change that lingers. "For example, a top high school or college student loses all interest in school and no longer has direction."

Parents should not rely on a child's reassurances that everything is fine. Teens often use disguises or masks to hide their underlying feelings. The mask of success can be particularly misleading. "Overachievers rarely express their genuine feelings, especially anger," says Oster. "They're driven to succeed and try fiercely to be independent. But they're actually very dependent on outside accomplishments to justify their existence."

The most important message a parent can send to an overachieving teen, says Oster, is: "I know you are human and struggling just like everyone."

For many teens, symptoms of depression are a reflection of troubles in the family. When parents are struggling over marital or career problems, teens may feel the tension and try to distract their parents.One powerful option that teens possess "is to blatantly express severe depressive or suicidal feelings; they do this so the parents can clearly see that they are still needed in their primary role as parents. Teen-agers may be trying to help their parents in the only way they know how."

Most parents, more than other adults, know their children best. But they can't diagnose a troubled child alone. Oster advises parents to seek input from neighbors, friends, teachers and others who know their son or daughter. "Often, it takes a more objective person, such as a mental-health professional, to establish that the changes taking place justify treatment for depression," he adds.

Here is his short list of ways that parents, who suspect depression, can help their teens:

- Offer praise and compliments;

- Encourage them to share their thoughts and feelings; listen to their concerns without being judgmental; acknowledge the pain and suffering;
- Share similar unpleasant experiences that ended positively to provide a basis for hope;
- If the mood deepens, seek professional help from someone experienced in normal adolescent developmental changes;
- Take seriously any talk, threats, attempts at self-destruction;
- If suicide seems to be a possibility, remove all potentially dangerous items, such as weapons, pills or alcohol, from the home. Never leave a suicidal teen alone.

Oster's book is especially reassuring on the subject of treatment. Though in recent decades, childhood and teen depression were largely ignored by health professionals, he reports good progress in its diagnosis and treatment.

Leeta, for example, was treated with antidepressant medication and therapies that focused on accurate reasoning, a more positive self-image and lessening family turmoil.

One year after her last hospitalization, Leeta told her therapist, "I never thought that I would feel like hanging out with friends and taking dance lessons. It's not that I don't get sad once in a while, but it doesn't take over my whole life."

Families at risk: How we can we can model non-depressive thinking and teach optimism to children—and ourselves

When one member of a family is clinically depressed, the entire family is at risk of depression.

Untended, depression can change the fabric of the family—the tone and experience of it—and make it the seedbed of depressive illnesses even into following generations.

"But the good news about depression is that it can be treated, and families can help," says Michael D. Yapko, a clinical psychologist in Solana Beach, California. Parents—even parents prone to depression—can prevent depression, can break the generational cycle.

Yapko, author of the best-selling book "Breaking the Patterns of Depression" (Doubleday, $22.95), is internationally known for his work on treating the disorder. In addition to writing previous books on the topic, he was commissioned by Encyclopaedia Britannica to write sections for their health annuals on depression, clinical hypnosis and

the repressed-memory controversy.

His next book will focus on how family members, together, can cope with or prevent depression. "Family therapy is based on the realization that depression is about patterns of thinking, relationships and families, not just about biochemistry," says Yapko.

By depression, he means "major depressive disorder," defined as a persistent sense of sadness or despair, lasting at least two weeks and accompanied by feelings of worthlessness or excessive or inappropriate guilt, sleep disorders, diminished sex drive, loss of pleasure, loss of attachments, loss of sense of humor, significant weight loss or gain and other symptoms. About one in five people with major depressive disorder probably have a genetic basis for their depression, though no reliable test for determining a biologically based depression exists.

"Depression does, to a certain extent, run in families," says Yapko. "But genetics and biochemistry are only part of the story, and an exaggerated part. Depression is largely affected by social and cultural factors of which the family is a part, as well as individual temperament and individual psychological factors."

(Another depressive disorder, bipolar disorder, also known as manic-depressive illness, is a "different creature, and primarily biological," he adds. Yapko's comments in this column apply only to the more common major depressive disorder.)

Depression can, of course, be a normal response to, say, loss of a job or the death of a loved one. "It's unreasonable to think you can feel good all the time." But if the depression does not lift after about two weeks—if it starts to impair relationships and the ability to think clearly, act intelligently, "the family should seek professional help sooner rather than later."

Like University of Pennsylvania's Martin E.P. Seligman, and others, Yapko describes depression not as an incurable fate but as a kind of learned pessimism, a way of thinking: An individual can fall into depressive thinking; so can an entire family.

A non-depressive way of responding to a lost job (at least after the initial shock) would be, "I'll get another job, maybe not as good, or maybe even a better one, but the family will survive." A mother whose call to a friend goes unreturned: "My friend must be busy, or hasn't checked the machine." Or the child who gets a D on a math test: "I just didn't have enough time to study for that test. I'll take steps to do better next time."

In these examples, the family members are seeing difficulties as setbacks—situational and reversible—and not as the result of something unalterably wrong with themselves. By contrast, a father prone to depressive thinking, who gets laid off, says to himself (or family members), "I gave my life to the company, I am that job, and I'll never be whole again." Mom, whose call is unreturned, thinks, "My friend must not like me anymore; I'm always getting rejected." The child who gets a D says, "I guess I'm just stupid." In these examples, the family members are responding to their situations in generalizing, self-condemning ways.

"Depressed people form conclusions that really aren't true or realistic. And they don't have the ability to step outside themselves long enough to examine their thinking," says Yapko.

He counsels parents to look for depressive thinking in their children, and teach them to challenge it. "A child who comes home and says, `Nobody would play with me at recess today because nobody likes me,' is a child who grows into an adult who says, `Nobody ate with me at work today; they must all hate me.' "

Parents should become more aware that the depressive thinking style is usually learned early in childhood; the habit of depression is easily passed to a child by a depressed parent. So parents must be vigilant about the messages that are sent to children.

"Let's say you, as a child, are in the play pen and Mom and Dad are sitting on the couch watching TV. You start crying. Big fuss. Mom or Dad goes over to you . . . and says, `You are such a cranky child.' That's one way to deal with the situation. Here's another way: Mom or Dad goes over, picks you up, and says, `You must be tired.' "

Examine the difference between these two explanations, says Yapko. One is a globalized explanation about the child's characteristics; the second is a temporary allusion to fatigue. If a child is often spoken to by parents in the first fashion, that child will be prone to thinking in a self-condemning, depressed way ("I am a loser").

By focusing on how they interact with their children, the messages they send, parents (as well as schools and other institutions) can arm children with one of the most important weapons against depression: critical-thinking skills. By this, Yapko means the awareness that there is a difference between feelings and facts, and the avoidance of overgeneralization, jumping to conclusions, or labeling and mislabeling.

"We need to help our children learn to not take everything in life personally," he says, "and not subscribe to thought systems that encourage depression, such as `everything that needs to be done must be done perfectly' or `whatever happens in life is a reflection of me.' "

We need to challenge children, and ourselves, to think and talk critically about messages sent by peers, teachers and others. Most importantly, parents need to teach children that when Mom or Dad unreasonably loses it, or says something demeaning to a child, the parent may just be having a rotten day.

The pain will pass. It is not permanent. Mistakes are made—but the core of the child (and later the adult) is good. That knowledge is the essential bulwark against depression.

Can a child be "inoculated" against depression?

As a teen-ager, I taught myself a technique to get through tough times. Every morning I would say to myself: "Today, something good is going to happen."

I'm not sure this exercise qualifies as the kind of optimism Martin E.P. Seligman has in mind in "The Optimistic Child" (Houghton Mifflin). After reading his book, I think my mantra should probably be rephrased to: "Today, I'm going to work hard to make something good happen. And if I don't succeed, I'll try tomorrow."

Or something like that.

Seligman, a professor and former director of clinical training in psychology at the University of Pennsylvania, doesn't define optimism only as positive thinking. Effective optimism is based not only on feeling good—but on doing well. He believes parents can teach optimism to their children, as a lifelong inoculation against depression and suicide.

Seligman's views are based on his extensive research at the Penn Depression Prevention Project. No good book, including this one, can be adequately summarized in an article, but here are a few of the basics, as Seligman sees them.

Optimism and pessimism are self-fulfilling. While children may be genetically prone to one or the other, neither is inborn. "Many people living in grim realities—unemployment, terminal illness, concentration camps, the inner city—remain optimistic," he writes. "Pessimism is a theory of reality. Children learn this theory from parents, teachers, coaches and the media, and they in turn recycle it to their children."

It falls to parents, he says, to break this cycle.

What's somewhat troubling about Seligman's work, and also the writings of clinical psychologist Michael D. Yapko and others who promote learned optimism, is that so much of the prescription falls to the parents. Not all children, of course, have parents capable of the kind of self-awareness necessary to shape their own behavior, let alone their children's. Religious and educational institutions must do much more to promote learned optimism among children, but also their parents.Seligman's book includes a detailed quiz to help parents determine if their children are prone to pessimism or optimism; his thoughts are also useful to caring institutions.

He writes that people most at risk for depression, as children and later as adults, "believe the causes of the bad events that happen to them are permanent." He calls this catastrophic thinking. Some examples: "No one will ever want to be friends with me at (the new school)." "My mom is the meanest mom in the entire world." "Tony hates me and will never hang out with me again."

In contrast, optimistic children bounce back from setbacks and resist depression, in part because they believe that the causes of bad events are temporary.

So Seligman counsels parents to help their children recast pessimistic thoughts, like the ones above, to: "It takes time to find a new best friend when you move to a new school." "My mom is in the crabbiest mood ever." "Tony is mad at me today and won't hang out with me." In other words: This too shall pass.

What I found particularly interesting in "The Optimistic Child" is how pessimistic and optimistic children process good news differently.

The pessimistic child sees good news as temporary, and always looks for the catch: "The only reason I won the spelling bee is because I practiced hard this time." "I was voted captain of the safety patrol because the other kids wanted to do a nice thing for me." "Dad has been spending time with me because he's been in a good mood lately."

A parent with a good ear can catch such statements and help a child recast them to: "I won because I'm a hard worker and I study my lessons." "I was voted captain of the safety patrol because the other kids like me." "Dad loves to spend time with me."

Optimistic children, says Seligman, attribute good news to broad, permanent conditions. Such thinking may often be unrealistic, but it reduces a child's tendency toward depression and sets the stage for success.

The pivotal key to Seligman's approach, however, is that parents should go well beyond encouraging their children to feel better about themselves.

Parents should help their children think through problems—help them catch the negative things they say to themselves, evaluate these automatic thoughts, avoid catastrophic thinking and generate more accurate explanations about what has happened.

But parents should not jump in to solve their children's problems.

"By emphasizing how a child feels, at the expense of what the child does—mastery, persistence, overcoming frustration and boredom, and meeting challenges—parents and teachers are making this a generation of children more vulnerable to depression," he says. "In order for your child to experience mastery, it is necessary for him to fail, to feel bad and to try again repeatedly until success occurs."

All of this may sound a bit too glib, and simple, to some readers. But Oster, who believes in Seligman's ideas, worries that the detailed techniques suggested in "The Optimistic Child" may be too complex. "The trainers he selected sound highly talented," says Oster. "I don't know if the average school counselor could use the program and gain the same results. But many of these concepts are being implemented in various school systems with similar results."

The main criticism of Seligman's views, he adds, is that when a child becomes severely depressed, these strategies are not available.

"Clinically depressed children (or anyone) cannot think straight. They cannot see these alternatives and, unfortunately, sometimes view hurting themselves as the only solution."

Nonetheless, Seligman's central point is that, with proper "immunization" early in life, fewer children will reach that point of despair.

If Seligman is right, and if enough parents (and the institutions that should support them) begin to think this way, maybe something good will happen. If not today, then sometime soon.

Recognizing the role of integrity in emotional health.

Values can shape our emotional health, as well as our children's. That's an area of concern often forgotten in the discussion of emotional health; it's not only how we think, but what we think, that determines our mental state and our attachments to others.

In that regard, a sense of integrity is among the most important gifts we can give our

children. Not only is it essential for the social order, but also for a human being's emotional health. So how do we teach it?

Larry Hinman, a friend, former truck driver and noted professor of ethics at the University of San Diego, struggles every day to teach integrity to his 5-year-old daughter. "If I talk about integrity with my child and don't practice it, I'll actually undermine her sense of integrity," he says. "So I try to practice what I preach. If I tell her no shouting, I try my best to follow my own mandate, and I don't shout. Keeping promises to her is also a part of integrity. She always remembers if I keep a promise, and if I don't deliver, she points it out."

Oddly, most families don't talk much about integrity—partly because it's a complex, sometimes-threatening topic. Nintendo is easier to grasp. So here's a short course, courtesy of Professor Hinman. (For the unabridged version, check out his Web site: http://ethics.acusd.edu/Integrity.html) Integrity, Hinman says, is about being one, about being whole. Integrity is about having a sense of your own basic commitments, and sticking to them.

"We know integrity when we see it. Think about Nelson Mandela, the president of South Africa, who invited his longtime jailer to his inauguration, as a guest of honor. Mandela stands for reconciliation and forgiveness, and this action was a stellar example of integrity. "

We need integrity to lead a happy and fulfilled life, and so do our kids.

"When we're kids, morality is something that comes from outside, usually from our parents. And it's almost always negative—`Don't do this,' `Stay away from that.' This is as far as some people ever get in thinking about morality and integrity. To them, integrity is not about wholeness; it's about not getting caught—by a parent, teacher, boss, the police officer, auditor."

Growing up, at least from the moral point of view, is about developing a positive and internal conception of morality. We don't need integrity because other people force us to have it, says Hinman. We need it for ourselves.

Children, therefore, need to realize that when they cheat, they cheat themselves. "When my daughter gets a good grade, I tell her, `Look how proud you can be. You did this yourself.' And if she comes home and talks about students who cheat, I can say, `They

may make good grades, and impress other people, but they know inside that they didn't achieve the grades by themselves.' "

Temptation and pressure are the enemies of integrity. "Temptation is internal, pressure external. Temptation is often about gain—what you can get. Pressure is usually about fear that someone will take something from you . . . Temptation is usually covered up by telling ourselves that we did nothing wrong; pressure is usually construed as `someone else made me do it.' "

When we compromise our integrity, we often do it privately.

"We create a part of ourselves that we do not want the public to see. We hide that part of ourselves even from those who are closest to us. Aristotle once said that virtue is its own reward, and the converse is often true as well: Vice is its own punishment. When we lose our integrity, we lose an important part of ourselves and place a roadblock in the path of our relations with the people who matter most to us."

Hinman grew up in Chicago during the original Mayor Daley era. His father was a policeman assigned to liquor licenses. "That was always a political job," he says. "When I was in the fifth grade, my father had a heart attack. He would not have been able to do the regular street work of a patrolman were he to leave the license unit. So he probably felt forced to stay in that position, for the sake of his family. I have often wondered about the combination of temptation and pressure he experienced, and I have often wondered about whether that was a barrier between him and his family."

That's one reason Hinman believes it's so important for families to talk openly about the issues of integrity.

"I try to play it straight and open with my family, partly because there was a part of my father that I never felt I knew. I want to make sure that my wife and daughter have a strong and clear sense of who I am—and that there are no areas of my life that are out of bounds. Then I'll know that if when they say they love me, they love the real me."

Honesty is not only the best policy, it's the best way of teaching integrity—and offering our children another essential building block for the construction of emotional health.

Lightening up: focusing on a child's inner dignity

As parents and as members of a community, we can do a lot to shape our children's future, it's also important to know when to lighten up, and put first things first, for the

sake of their emotional health and their spirits.

Not long ago, a dozen or so parenting experts and journalists invited by Parents magazine, sat around a New York conference table and talked about good parenting—and about success, and about something called dignity.

Jerome Kagan, a Harvard professor of psychology and human development, suggested that too many modern parents believe "the myth of their own power," that they "exaggerate their own importance" and consequently become "almost paranoid" about making mistakes. And, he said, even if parents everywhere did everything right—as defined by the leading child-rearing experts—"two-thirds of parents would still be frustrated with the results."

One reason, he said, is that we underestimate the power of biology—of temperament. Some children are bold or extroverted; others prefer their own company. Some are inherently "slow to warm up"; others are "highly reactive—always on the cusp of anxiety disorders." Temperament is a biological bias, determined by genetics and the luck of biology, he added. Parents can do a lot to guide their children's temperament, but perhaps not quite as much as they think.

Listening to Kagan, I realized the truth in what he was saying. How else can we explain how different children can be, even within the same family? But, just as it is dangerous for parents to think they can program their children like computer chips, there is also danger in attributing too much to temperament. Too many parents write off their children early as whiners, or slackers, or stupid—or smart, or talented, or destined for success. Parents can consciously or unconsciously label, or track, their children, just as many schools do.

Tracking, based on temperament or anything else, can doom a child to failure—or doom a child to a never-ending quest for success, in the form of money or fame or status. Kagan acknowledged this, but then leaned forward and said something so true that it startled me: "History has narrowed the paths to success. In the past, a family did not feel shame if their child became a stonemason," he said. "Today, many parents believe their children have to go to the right school and get a prestigious job. But only a few kids can go to Harvard. And we already have more doctors, more lawyers, more professors than we need."

The result: disappointment, even shame. "One of the most corrosive influences in a person's life," said Kagan, "is the feeling that they have failed their parents' expectations."

Perhaps the real problem, as someone at the conference put it, is that society has narrowed the paths to dignity.

After the meeting, in the lobby of the conference hotel, I sat for a while and watched frantic young people in their power suits race breathless and brittle into elevators, rushing to climb above the rest. And I wondered: What's the point of child-rearing? When I raise my children, am I creating the soul of a new machine? Am I attempting, even subconsciously, to fit them into very narrow molds?

Is the point to mold them, whatever their temperament, into "successful" money-making corporate adults? Or is the point something else?

What if I were to quit thinking about whether my children are, or will be, successful, in the standardized, one-size-fits-all sense? What if I were to replace my children's success, as a goal, with their inner dignity?

Certainly, given the fact that each child has a different temperament and talents, dignity is a more dependable goal.

When I look inside myself and try to locate the feeling called success, I generally cannot find it. In fact, I do not know of anyone who truly feels successful enough. It's almost as if the more successful people are, as defined by others' judgments, the less successful they truly feel. They are always reaching just beyond their grasp.

But dignity is another thing. When we pause and look inside, we can, at times, locate that feeling called dignity. It is, in fact, easier to find, simpler and cleaner than this elusive trickster we call success. Dignity has nothing to do with status or fame or which college you attend or even the talents you were born with. Dignity is a calmness at the center, a feeling of the gentle worth of yourself and others.

I flew home thinking about this, wondering how I might help my children find their paths—not to success, but to dignity.

Richard Louv is Senior Editor of Connect for Kids and columnist for The San Diego Union-Tribune. He is also author of "101 Things You Can Do for Our Children's Future"

(Anchor) and "The Web of Life" (Conari). .

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